Date

PTO/SB/05 (06-03)
Approved for use through 07/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

| Under the Paperwork Reduction Act of 1995, no persons are required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | to respond to a collection of inform                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ation unless it displays a valid OMB control number                                                                                                                  | :                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| UTILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Attorney Docket No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BOW1335-003C                                                                                                                                                         | )                                     |
| PATENT APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | First Inventor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Robert Gruenwald                                                                                                                                                     | _                                     |
| TRANSMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HYBRID ELECTRIC VEHCILE                                                                                                                                              |                                       |
| (Only for new nonprovisional applications under 37 CFR 1.53(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Express Mail Label No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | EL 983327714 US                                                                                                                                                      | J                                     |
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ADDRESS TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450                                                                         |                                       |
| 1. See Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages32] (preferred arrangement set forth below) Descriptive title of the invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure  4. Drawing(s) (35 U.S.C. 113) [Total Sheets 11  5. Oath or Declaration [Total Sheets 3]  a. Newly executed (original or copy)  b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)  i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. Application Data Sheet. See 37 CFR 1.76 | Computer Pro  8. Nucleotide and/or A all ne a. Compute  b. Specification ii. Pa  c. Stateme  ACCOMPAN  9. Assignment 10. 37 CFR 3.73 (when there 11. English Tran 12. Information Statement (I 13. Preliminary 14. Return Rece (Should be all (Should | D-R in duplicate, large table or gram (Appendix) mino Acid Sequence Submission cessary) er Reader Form (CRF) ation Sequence Listing on: D-ROM or CD-R (2 copies); or | The PTO did not receive the following |
| 1 8. If a CONTINUING APPLICATION, check appropriate box, specification following the title, or in an Application Data Sheet u                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nation below and in the first sentence of the                                                                                                                        |                                       |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | rior application No.: 10/261,528                                                                                                                                     |                                       |
| Prior application information: Examiner James A. Shriver, II For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                      |                                       |
| 19. CORRESPONDENCE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                      |                                       |
| Customer Number: 08698                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Correspondence address below                                                                                                                                         |                                       |
| Nam \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                      | _                                     |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                      | $\dashv$                              |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Zip Code                                                                                                                                                             | ٦                                     |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fax                                                                                                                                                                  |                                       |
| Nem (Print/Tyne) Doger A (Gilcrest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Registration No. (Attorn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ev/Agent) 21 054                                                                                                                                                     | П                                     |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Signatur

04772

PTO/SB/17 (05-03)

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## FEE TRANSMITTAL for FY 2003

Effective 0110112003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR, 1.27

TOTAL AMOUNT OF PAYMENT

SUBMITTED BY

Name (Print/Type)

Signature

Roger A. Gilcrest

\$ 385.00

| opene to a contract the |                  |  |  |  |
|-------------------------|------------------|--|--|--|
| Complete if Known       |                  |  |  |  |
| Application Number      |                  |  |  |  |
| Filing Date             | Nov. 24, 2003    |  |  |  |
| First Named inventor    | Robert Gruenwald |  |  |  |
| Examiner Name           |                  |  |  |  |
| Art Unit                |                  |  |  |  |
| Attorney Docket No.     | BOW1335-003C     |  |  |  |

| METHOD                        | D OF PAYMENT (check all that appl                                              | y)          | FEE CALCULATION (continued) |                                                                                    |          |
|-------------------------------|--------------------------------------------------------------------------------|-------------|-----------------------------|------------------------------------------------------------------------------------|----------|
| Check                         | Credit card Money Other                                                        | None        | 3. ADDITIONAL FEES          |                                                                                    |          |
|                               | Order L                                                                        |             | Large Entity                |                                                                                    | ,        |
| Deposit Acco                  | ount.                                                                          | — i         |                             | Fee Fee Fee Description Code (\$)                                                  | Fee Paid |
| Account 19                    | 9-4076                                                                         |             | 1051 130                    | 2051 65 Surcharge - late filing fee or oath                                        |          |
| Number<br>Deposit<br>Account  | · · · · · · · · · · · · · · · · · · ·                                          |             | 1052 50                     | 2052 25 Surcharge - late provisional filing fee or cover sheet                     |          |
| Name L                        | therized to: (chical all that are his                                          |             | 1053 130                    | 1053 130 Non-English specification                                                 |          |
|                               | uthorized to: <i>(check all</i> that apply) indicated below Credit any overpa  | yments      | 1812 2,520                  | 1812 2,520 For filing a request for ex parte reexamination                         | <b>—</b> |
|                               | dditional fee(s) during the pendency of this a                                 | 1           | 1804 920*                   | 1804 920° Requesting publication of SIR prior to<br>Examiner action                |          |
| Charge fee(s)                 | indicated below, except for the filing fee                                     |             | 1805 1,840*                 | 1805 1,840* Requesting publication of SIR after<br>Examiner action                 |          |
| to the above-identi           | tified deposit account.                                                        |             | 1251 110                    | 2251 55 Extension for reply within first month                                     |          |
|                               | FEE CALCULATION                                                                |             | 1252 420                    | 2252 215 Extension for reply within second month                                   | <b></b>  |
| 1. BASIC FILI                 |                                                                                |             | 1253 950                    | 2253 475 Extension for reply within third month                                    |          |
|                               | ee Fee Fee Description Fe                                                      | e Paid      | 1254 1,480                  | 2254 740 Extension for reply within fourth month                                   |          |
|                               | ode (\$)                                                                       |             | 1255 2,01 0                 | 2255 1,005 Extension for reply within fifth month                                  |          |
|                               | 001 385 Utility filing fee 38.                                                 | 5.00        | 1401 330                    | 2401 165 Notice of Appeal                                                          |          |
|                               | DO3 265 Plant filing fee                                                       |             | 1402 330                    | 2402 165 Filing a brief in support of an appeal                                    | <b></b>  |
|                               | 004 385 Reissue filing fee                                                     |             | 1403 290                    | 2403 145 Request for oral hearing                                                  |          |
| 1001111                       | 2005 80 Provisional filing fee                                                 |             | 1451 1,510                  | 1451 1,51 0 Petition to institute a public use proceeding                          |          |
|                               | SUBTOTAL(I) (\$) 385.0                                                         | 0 7         | 1452 110                    | 2452 55 Petition to revive - unavoidable                                           | <b>—</b> |
|                               |                                                                                |             | 1453 1,330                  | 2453 665 Petition to revive - unintentional                                        | <b>—</b> |
| 2. EXTRA CL                   | AIM FEES FOR UTILITY AND RI                                                    | EISSUE      | 1501 1,330                  | 2501 665 Utility issue fee (or reissue)                                            | <b></b>  |
|                               | Extra Claims below                                                             | Fee Paid    | 1502 480                    | 2502 240 Design issue fee                                                          | <b>—</b> |
| Total Claims<br>Independent   | -20- = X                                                                       |             | 1503 640                    | 2503 320 Plant issue fee                                                           | <b></b>  |
| Claims                        | - 3- =   X     -     -   -                                                     |             | 1460 130                    | 1460 130 Petitions to the Commissioner                                             |          |
| Multiple Depende              |                                                                                | <del></del> | 1807 50                     | 1807 50 Processing fee under 37 CFR 1. 17(q)                                       | <b></b>  |
| Large Entity   S              | Small Entity Fee Fee Fee Description                                           |             | 1806 180                    | 1806 180 Submission of Information Disclosure Stmt                                 |          |
|                               | Code (\$)                                                                      | •           | 8021 40                     | 8021 40 Recording each patent assignment per property (times number of properties) |          |
| 1202 18                       | 2202 9 Claims in excess of 20                                                  |             | 1809 770                    | 2809 385 Filing a submission after final rejection                                 | ] ]      |
| 1201 86                       | 2201 43 Independent claims in exces                                            |             | 4040 775                    | (37 CFR 1.129(a)) 2810 385 For each additional invention to be                     |          |
| 1203 290                      | 2203 145 Multiple dependent claim, if                                          |             | 1810 770                    | examined (37 CFR 1.129(b))                                                         |          |
| 1204 86                       | 2204 43 • Reissue independent cla                                              |             | 1801 770                    | 2801 385 Request for Continued Examination (RCE)                                   |          |
| 1205 18                       | 2205 9 ** Reissue claims in excess and over original patent                    | of 20       | 1802 900                    | 1802 900 Request for expedited examination of a design application                 |          |
| SUBTOTAL (2) \$ 0.00 Other fe |                                                                                |             | Other fee (specify)         |                                                                                    |          |
| **or number ¤                 | SUBTOTAL (2) $\Rightarrow 0.00$ previously paid, if greater; For Reissues, see |             | *Reduced by                 | y Basic Filing Fee Paid SUBTOTAL (3) \$ 0.00                                       |          |
| J. 7.5537 P                   |                                                                                |             |                             |                                                                                    |          |

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Registration No.

(Attornev/Agent)

31,954

Telephone 614-792-5555

2003

Date

This collection of information is required by 37 CFR 1. 1 7 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/35 (05-03)
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| NONPUBLICATION REQUEST    |
|---------------------------|
| UNDER                     |
| 35 U.S.C. 122(b)(2)(B)(1) |

| First  | Named Inventor  | Robert Gruenwald |     |
|--------|-----------------|------------------|-----|
| Titl   | HYBRID ELF      | ECTRIC VEHICLE   |     |
| Attorn | ney Docket Numb | BOW1335-003C     | . , |

I hereby certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

I hereby request that the attached application not be published under 35 U.S.C. 122(b).

 Nov 2 y 1, 2003
 Kursul

 Date
 Signature

 614-792-5555
 Roger A. Gilcrest

Telephone number Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application upon filing.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will r sult in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).** 

This collection of information is required by 37 CFR 1.213(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.